



ANNUAL PLAN: WORKSHEET 1 – LIST OF HIV INTERVENTIONS

Agency Name: _____

Dates covered: _____

Grant Program: (check only one)
☐ AIDS Service Organizations
☐ AIDS Services and Education
☐ Community Collaboration
☐ High Risk Youth and Adults
☐ Prevention Case Management

☐ Faith Initiative
☐ Minority Projects
☐ MSM HIV Prevention

Agency type:
 (check one only)

☐ CBO – Minority Board
☐ CBO – Non-Minority Board
☐ State Health Department
☐ Local Health Department
☐ Other Government

☐ Academic Institution
☐ Research Center
☐ Faith Community
☐ Individual
☐ Other (_____)

INTERVENTION(S) THAT WILL BE IMPLEMENTED UNDER THE ABOVE GRANT	CHECK IF YOU WILL IMPLEMENT	HOW MANY OF EACH TYPE OF INTERVENTION WILL YOU IMPLEMENT? (indicate # and complete same # of worksheets.)
Counseling and Testing		
Counseling and Testing	<input type="checkbox"/>	
Referral	<input type="checkbox"/>	
Partner Counseling and Referral services	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
Health Education/Risk Reduction		
Individual Level Intervention (ILI)	<input type="checkbox"/>	
Group Level Intervention (GLI)	<input type="checkbox"/>	
Community Level Intervention	<input type="checkbox"/>	
Prevention Case Management (PCM)	<input type="checkbox"/>	
Outreach		
Basic Street/Community Outreach	<input type="checkbox"/>	
Intensive Street/Community Outreach	<input type="checkbox"/>	
Facilitative Street/Community Outreach	<input type="checkbox"/>	
Collaborative Street/Community Outreach	<input type="checkbox"/>	
Health Communication/Public Information		
Presentations/Lectures(ONLY LIST NUMBER OF TYPES/SERIES - NOT INDIVIDUAL SESSIONS)	<input type="checkbox"/>	
Health/Community Fairs	<input type="checkbox"/>	
Social Marketing	<input type="checkbox"/>	
Mass Media	<input type="checkbox"/>	
Hotlines	<input type="checkbox"/>	
Clearinghouse	<input type="checkbox"/>	



ANNUAL PLAN: WORKSHEET 2b:

Health Education/Risk Reduction Intervention Information Worksheet

Agency Name: _____

Intervention Name: _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Category (check one only)	Setting	Frequency of Contact	Targets for Intervention	Primary Objective (check one only)																																									
<input type="checkbox"/> Individual Level Intervention <input type="checkbox"/> Group Level Intervention <input type="checkbox"/> Community Level Intervention <input type="checkbox"/> Prevention Case Management	<input type="checkbox"/> Medical <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/faith <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	Are there multiple components/sessions for this intervention? <input type="checkbox"/> Yes → how many? _____ <input type="checkbox"/> No, single component How many times will this intervention be repeated in the year? _____ times <input type="checkbox"/> Ongoing <input type="checkbox"/> Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Risk Behaviors</th> <th style="text-align: center;">PRIMARY</th> <th style="text-align: center;">SECONDARY</th> </tr> <tr> <td>MSM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>IDU</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MSM/IDU</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heterosexual Contact</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pregnant women (with/at risk of HIV)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No specific targeted risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Populations (check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Racial/ethnic minorities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Men who have sex with men</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Women</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Youth</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>PWH/As</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Homeless</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sex Workers</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Mentally Dysfunctional</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Inmates</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>General Population</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Risk Behaviors	PRIMARY	SECONDARY	MSM	<input type="checkbox"/>	<input type="checkbox"/>	IDU	<input type="checkbox"/>	<input type="checkbox"/>	MSM/IDU	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual Contact	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women (with/at risk of HIV)	<input type="checkbox"/>	<input type="checkbox"/>	No specific targeted risk	<input type="checkbox"/>	<input type="checkbox"/>	Racial/ethnic minorities	<input type="checkbox"/>	Men who have sex with men	<input type="checkbox"/>	Women	<input type="checkbox"/>	Youth	<input type="checkbox"/>	PWH/As	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Sex Workers	<input type="checkbox"/>	Mentally Dysfunctional	<input type="checkbox"/>	Inmates	<input type="checkbox"/>	General Population	<input type="checkbox"/>	<input type="checkbox"/> Increased awareness of HIV and AIDS <input type="checkbox"/> New knowledge of AIDS and HIV transmission modes <input type="checkbox"/> Changed attitudes or values <input type="checkbox"/> Change in self-perception of risk <input type="checkbox"/> Increased protective behaviors <input type="checkbox"/> Maintenance of behaviors <input type="checkbox"/> Reduction of risk behaviors <input type="checkbox"/> Elimination of risk behaviors <input type="checkbox"/> Other: _____
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ESTIMATED NUMBER OF CLIENTS TO BE SERVED

	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	Male	Female	Trans-gender	Not Target.	
American Indian or Alaska Native																	
Asian																	
Black or African-American																	
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*The minimum data required for this report are the totals contained in the shaded boxes at the far right end of the table above. Completing other cells is optional but encouraged.



ANNUAL PLAN WORKSHEET 2a: Counseling and Testing Intervention Information Worksheet

Agency Name: _____

Intervention Name: _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Category (check one only)	Activities (check all that apply)	Setting	Targets for Intervention																																									
<input type="checkbox"/> Counseling and Testing <input type="checkbox"/> Referral <input type="checkbox"/> Partner Counseling and Referral services <input type="checkbox"/> Other _____	If Testing, which type: <input type="checkbox"/> Blood test <input type="checkbox"/> Alternate (Orasure) If Referrals, which are primary sites: <input type="checkbox"/> STD clinic <input type="checkbox"/> HIV counseling and testing <input type="checkbox"/> Tuberculosis clinic <input type="checkbox"/> Drug treatment <input type="checkbox"/> Family planning <input type="checkbox"/> Mental health <input type="checkbox"/> HIV early intervention <input type="checkbox"/> Other medical services <input type="checkbox"/> Entitlement program <input type="checkbox"/> Job skills / acquisition <input type="checkbox"/> Prevention case management <input type="checkbox"/> Individual-level counseling <input type="checkbox"/> Group-level counseling <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical <input type="checkbox"/> STD Clinic <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/fait <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Risk Behaviors</th> <th style="text-align: center;">PRIMARY</th> <th style="text-align: center;">SECONDARY</th> </tr> <tr> <td>MSM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>IDU</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MSM/IDU</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heterosexual Contact</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pregnant women (with/at risk of HIV)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No specific targeted risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p>Populations (check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Racial/ethnic minorities</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Men who have sex with men</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Women</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Youth</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PWH/As</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Homeless</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sex Workers</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mentally Dysfunctional</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inmates</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>General Population</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Risk Behaviors	PRIMARY	SECONDARY	MSM	<input type="checkbox"/>	<input type="checkbox"/>	IDU	<input type="checkbox"/>	<input type="checkbox"/>	MSM/IDU	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual Contact	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women (with/at risk of HIV)	<input type="checkbox"/>	<input type="checkbox"/>	No specific targeted risk	<input type="checkbox"/>		Racial/ethnic minorities	<input type="checkbox"/>	Men who have sex with men	<input type="checkbox"/>	Women	<input type="checkbox"/>	Youth	<input type="checkbox"/>	PWH/As	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Sex Workers	<input type="checkbox"/>	Mentally Dysfunctional	<input type="checkbox"/>	Inmates	<input type="checkbox"/>	General Population	<input type="checkbox"/>
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Estimated number of: _____ HIV-infected clients _____ Partners identified _____ Partners notified _____ Partners counseled _____ Partners tested																																												

ESTIMATED NUMBER OF CLIENTS TO BE SERVED																	
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ANNUAL PLAN: WORKSHEET 2c: Outreach Intervention Information Worksheet

revised 6/17/02

Agency Name: _____

Intervention Name: _____

Target Population for this Intervention (From Workplan): _____

Process Objective for this Intervention (number): _____

Category (Check only one)	Setting	Frequency of Contact	Targets for Intervention	Primary Objective (check one only)																																																						
<input type="checkbox"/> Basic Street/Community Outreach <input type="checkbox"/> Intensive Street/Comm. Outreach <input type="checkbox"/> Facilitative Street/Comm. Outreach <input type="checkbox"/> Collaborative Street/Comm. Outreach	<input type="checkbox"/> Medical <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/faith <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	Are there multiple components/sessions for this intervention? <input type="checkbox"/> Yes, how many? _____ <input type="checkbox"/> No, single component How many times will this intervention be repeated in the year? _____ times <input type="checkbox"/> Ongoing <input type="checkbox"/> Don't know	<table border="0"> <tr> <td>Risk Behaviors</td> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>MSM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>IDU</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MSM/IDU</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heterosexual Contact</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pregnant women (with/at risk of HIV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>No specific targeted risk</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Populations (check all that apply)</td> </tr> <tr> <td>Racial/ethnic minorities</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Men who have sex with men</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Women</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Youth</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>PWH/As</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Homeless</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sex Workers</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Mentally Dysfunctional</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Inmates</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>General Population</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	Risk Behaviors	PRIMARY	SECONDARY	MSM	<input type="checkbox"/>	<input type="checkbox"/>	IDU	<input type="checkbox"/>	<input type="checkbox"/>	MSM/IDU	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual Contact	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women (with/at risk of HIV)	<input type="checkbox"/>	<input type="checkbox"/>	No specific targeted risk	<input type="checkbox"/>	<input type="checkbox"/>	Populations (check all that apply)			Racial/ethnic minorities	<input type="checkbox"/>		Men who have sex with men	<input type="checkbox"/>		Women	<input type="checkbox"/>		Youth	<input type="checkbox"/>		PWH/As	<input type="checkbox"/>		Homeless	<input type="checkbox"/>		Sex Workers	<input type="checkbox"/>		Mentally Dysfunctional	<input type="checkbox"/>		Inmates	<input type="checkbox"/>		General Population	<input type="checkbox"/>		<input type="checkbox"/> Increased awareness of HIV and AIDS <input type="checkbox"/> New knowledge of AIDS and HIV transmission modes <input type="checkbox"/> Changed attitudes or values <input type="checkbox"/> Change in self-perception of risk <input type="checkbox"/> Increased protective behaviors <input type="checkbox"/> Maintenance of behaviors <input type="checkbox"/> Reduction of risk behaviors <input type="checkbox"/> Elimination of risk behaviors <input type="checkbox"/> Other: _____
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